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\*\* CONTINUING DATA \*\*\*\*\* *PS*

This appln claims benefit of 60/256,269 12/15/2000  
and claims benefit of 60/296,580 06/06/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Name*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>PS</i>	Initials <i>PS</i>	

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## TITLE

METHODS FOR THE TREATMENT OF NEURONAL DAMAGE ASSOCIATED WITH CEREBRAL ISCHEMIA

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )